

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/											
3		/											
4		/											
5		/											
6		/											
7		/											
8	/												
9	/												
10		/											
11		/											
12		3											
13		/											
14		/											
15		/											
16		/											
17	/												
18		/											
19		/											
20		/											
21		/											
22		/											
23		/											
24		/											
25		/											
26		/											
27		/											
28		/											
29		/											
30		/											
31		/											
32		/											
33	/												
34		/											
35		/											
36		/											
37		/											
38		/											
39		/											
40		/											
41		/											
42	/												
43		/											
44		/											
45		/											
46		/											
47		/											
48		/											
49		/											
50		/											
51		/											
52		/											
53		/											
54		/											
55		/											
56		/											
57		/											
58	/												
59		/											
60		/											
61		/											
62		/											
63		/											
64		/											
65	/												
66		/											
67		/											
68		/											
69		/											
70		/											
71		/											
72		/											
73		/											
74		/											
75	/												
76		/											
77		/											
78		/											
79		/											
80	/												
81		/											
82		/											
83	/												
84		/											
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.	10	↘	↘	↘	↘	↘	TOTAL IND.	↘	↘	↘	↘	↘	↘
TOTAL DEP.	7	↘	↘	↘	↘	↘	TOTAL DEP.	↘	↘	↘	↘	↘	↘
TOTAL CLAIMS	17						TOTAL CLAIMS						